

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF NORMAN**

Date: _____

Name: _____ Middle: _____ Last: _____

Gender: M _____ F _____ Birthdate: ____/____/____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

School Information (2017-2018)

School: _____

Grade: _____ Free or Reduced Lunch: Yes _____ No _____ (If yes, please attach a copy of approval letter)

Demographic Information (Note- for grant purposes ONLY)

Member lives with (check all that apply): Mom _____ Step Mom _____ Dad _____ Step Dad _____
Grandparent(s) _____ Foster _____ Legal Guardian _____ Other Family _____ Other Non-Family _____
Lives alone _____

If other, please specify _____

Annual Income (Please circle) (under \$5,000) (\$5,000- \$14,999) (\$15,000-\$24,999)
(\$25,000 - \$34,999) (\$35,000-\$44,999) (\$45,000-\$64,999) (\$65,000 and above)

Number of people in Household _____ Number of Adults in Household (inc. primary caregiver) _____
Current single parent: Yes _____ No _____

Please list the other children that live in the household: _____

Race/Ethnicity: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> Asian/Asian American | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pacific Islander | | |

Hispanic and/or Latin decent? Yes _____ No _____ If yes, country of origin _____

Membership Application

Medical Information

Doctor's Name _____ Doctor's Phone number _____

Is your child up to date on all immunizations? Yes _____ No _____

List your child's allergies to foods, medications, etc.: ☐ none

List all medications, dosage, & times of day taken: ☐ none

List any special needs your child has regarding routine care, behavior and guidance, or communication: ☐ none

Pick-Up Procedure

Parent/Guardian _____ Address _____ Employer _____

Work # _____ Cell _____ Email: _____

Parent/Guardian _____ Address _____ Employer _____

Work # _____ Cell _____ Email: _____

The following people are allowed to pick up my child on a regular or emergency basis:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

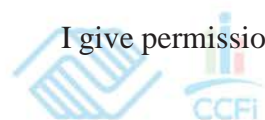
Please list the names of any individuals who DO NOT have permission to pick up your child(ren) from BGCN, and their relation to your child(ren): *If there is a custody agreement that dictates who your child(ren) may be picked up by, please attach that paperwork to this application.

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

I give permission for my child to walk home from Boys & Girls Club of Norman. Yes _____ No _____



Academic Record Release

Academic support is a primary focus for BGCN. We set aside time each day to help students with homework, studying, and projects. Accessing a student's academic records allows BGCN staff to see missing and upcoming assignments, as well as gauging a student's academic strengths and weaknesses. This information allows us to target our help where the students need it most. All academic information is kept confidential. We ask for both Parent Portal access to be able to check grades in the BGCN office and Student Portal access to check grades with students, which we find to be very beneficial.

I give my permission for the following:

BGCN to access my child's Norman Public Schools' Parent Portal account, which contains student grades, attendance, and behavior:

Yes _____ No _____

BGCN to access my child's Norman Public Schools' Student Portal account, which contains student grades, attendance, and behavior with my child present:

Yes _____ No _____

If you answered yes to the above request, would you please provide your parent login and password information below:

Username _____

Password _____

Parent/Guardian Name (please print): _____

Student's Name (please print): _____

Parent/Guardian Signature _____

A copy of this will be retained at BGCN and in the office of the Norman Public Schools Director of Secondary Education. BGCN will not provide and/or share this information with any other person or entity.

Required Documents and Fees

1. Copy of birth certificate (** If you cannot provide a birth certificate, please provide confirmation of enrollment at Norman Public Schools*).
2. Enrollment fee: (no child will be denied membership due to family's inability to pay)
Academic year: \$20 upfront or \$10 in the Fall and Spring.
3. Role of Parents/Guardians and Role of Members signed sheet at the end of the Parent/ Member handbook.

For Office Use Only:

Date Received: _____

Receipt #: _____

Initials: _____

Annual: _____ Semester: _____



Membership Application

PARENT/GUARDIAN ACKNOWLEDGEMENT

PLEASE READ, INITIAL, AND SIGN THAT YOU AGREE TO THE FOLLOWING:

_____ I understand that I am financially responsible for my child's membership, and that if I am unable to pay, I know I may contact the office to learn my next steps.

_____ I understand that I am responsible for informing Boys & Girls Club of Norman of any address, emergency contact, health or emergency contact information changes.

_____ I give Boys & Girls Club of Norman staff permission to transport my child in Norman Public School vehicles or personal vehicles to Boys & Girls Club of Norman field trips and/or other off-site activities. I understand that I have the option of opting out of allowing my child to go on any field trip.

_____ I hereby authorize medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident.

_____ I give permission for my child to be transported in the event of an emergency.

_____ I give permission for my child(ren) to participate in the National Youth Outcomes Initiative and other Boys & Girls Club of Norman surveys to help Boys & Girls Club of Norman staff better understand and care for my child(ren).

_____ I understand that Center for Children and Families works in partnership with Norman Public Schools. This partnership may include sharing of information to better meet the needs of my child(ren).

_____ I give Boys & Girls Club of Norman and its agents (Center for Children and Families, Norman Public Schools, etc.) the right to use photographs or videos of my child(ren) for use in promotional or informational materials.

_____ I understand that I must review and sign the Boys & Girls Club of Norman Parent/Member Handbook and understand that my child(ren)'s and my behavior must abide by the guidelines outlined within the handbook.

_____ I understand that BGCN is certified in Handle with Care Behavioral Management System and has a right to use these techniques.

_____ I understand that a CCFI Therapist may be asked to speak with my child in a situation where staff deems it necessary.

_____ I understand that Boys & Girls Club of Norman cannot enforce parent visitation schedules and cannot prevent a parent/guardian from picking up his/her child unless court documentation prevents visitation or unsupervised visitation.

_____ Any individual who participates in BGCN, and their families, agrees to save and hold harmless Center for Children and Families, any of its employees, board members, and volunteers from all costs, injury, and damage incurred through participation in Boys & Girls Club of Norman activities, and from any other injury or damage to any person or property whatsoever, any of which is caused by an activity, condition, or event arising out of any service or activity related to participation in Boys & Girls Club of Norman. The above cost, injury, damage, or other injury or damage incurred by or to any of the above shall include, in the event of an action, court costs, expenses of litigation, and attorney's fees.

I am the legal guardian of: _____

Parent/Guardian name: _____

Parent/Guardian Signature & Date: _____

Signature

Date

